

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 10-030441 FILED
APPLICANT(S)

CLAIMS					
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/				
2	/				
3	/				
4	/				
5	/				
6	/				
7	/				
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47	/				
48	/				
49	/				
50	/				
TOTAL IND.	11	↓		↓	↓
TOTAL DEP.	48	↔		↔	↔
TOTAL CLAIMS	59				

CLAIMS					
*					
IND.	DEP.	IND.	DEP.	IND.	DEP.
51	/				
52	/				
53	/				
54	/				
55	/				
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97					
98					
99					
100					
TOTAL IND.		↓		↓	↓
TOTAL DEP.		↔		↔	↔
TOTAL CLAIMS					

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS